

# **Maternity Support Services and Infant Case Management Interim Monitoring Project Status Report - August, 2010**

## **Introduction**

After completing the Maternity Support Services and Infant Case Management Monitoring Pilot Project in fall 2008, the monitoring team finalized a plan that included comprehensive on-site monitoring visits to begin in early 2009. After the 2009 legislative session, implementation of a new program direction began. The new priority is to ensure that providers implement program revisions properly across the state. Reviewing charts from all current MSS/ICM providers is part of this process.

## **Overview and Process**

Current MSS/ICM providers have been divided into seven groups, based mainly on geography. Each MSS/ICM agency submits an average of four MSS charts, two ICM charts, and a current roster at the time their group is reviewed. Charts should show services delivered and documented by different provider staff and represent MSS clients who were less than 24 weeks gestation on July 1, 2009 or were new to MSS and/or ICM services since July 1, 2009.

The purpose of this review is to:

- Determine if providers/staff understand the new program rules and are correctly assigning MSS/ICM levels of service based on identification of targeted risks
- Provide technical assistance to individual provider agencies
- Identify opportunities for training to assist providers in applying new program rules

The existing monitoring tool was modified to focus primarily on the 2009 program revisions. A primary reviewer from the monitoring team assigned to an MSS/ICM provider reviews the charts, documents findings in the monitoring tool, and completes a summary report. Consultation with another member of the team occurs when necessary. A second member reviews and initials the summary report to provide input and improve consistency among the reviewers.

Providers are sent the completed monitoring tool and the summary report of their chart reviews. Urgent action items, such as patient care concerns and questions about staff qualifications, are addressed with the provider immediately. Other issues will either be addressed in future trainings offered to all providers or in a future comprehensive monitoring of a specific provider.

## **Current Status**

The project is more than half complete.

- Chart reviews from the 31 agencies in groups 1 through 4 have been completed and monitoring results sent to providers.

- All charts from 15 agencies in group 5 have been received. More than half have been reviewed and monitoring results sent to providers.
- Approximately 200 charts have been reviewed to date.
- The timeline to complete the monitoring of all agencies has been extended through December 2010. (We may need to adjust the timeline again due to other priorities.)

## **General Themes**

The findings summarized below reflect general overall impressions.

### Provider Strengths

- Accurate assignment of level of service in MSS
- Managing available units to address needs of client throughout pregnancy
- An MSS Prenatal Screening Tool is found in the majority of charts
- An ICM Screening Tool (Intake Form) is found in the majority of charts

### Findings Requiring Additional Training

- Limited or no documentation in charts to:
  - demonstrate risk screening process
  - support risk factors identified on screening tools
  - demonstrate care coordination activities
- Limited or no specific interventions that address some specific risk factors i.e. mental health, substance use, race
- Inappropriate or lack of case management interventions
- Some ICM services documented are beyond the scope of ICM
- Documentation is not complete, clear and concise
- Agency liability
- Mandatory reporting

### Urgent Action Items

- Non credentialed or incorrectly credentialed staff
- Providing and billing services not covered in MSS/ICM
- Practicing out of scope of the profession
- Unclear follow up on identified CPS and mental health issues

### Missing Required Program Elements

- Incomplete interdisciplinary team
- Outcomes are missing or not adequately reflected in charts
- Case Conference - process and documentation
- Care Plan development and implementation
- Appropriate interventions for identified MSS and ICM targeted risk factors
- BHS Disclosure Statement in compliance with WA state law

## **Lessons Learned**

Just as in the Monitoring Pilot Project, additional information gathered from this Interim Monitoring Project will be used to implement future quality improvement efforts.

- Desk chart review is taking longer than planned. Not having provider staff readily available to answer questions and clarify issues is not as efficient as on-site monitoring. Interruptions that occur in the office from other work demands also decrease overall efficiency.
- Common training themes are emerging from the chart reviews that provide important information for developing training materials.
- Staff has reviewed paper charts, reports from electronic charting systems, and charts that are documented in Omaha language. There are some charting systems that require additional explanation for the reviewer to have the information necessary to accurately review the charts.
- Charts have been submitted in person, by FAX and on CD. For future desk chart reviews, additional instructions will be included for some submission methods. This may improve overall efficiency and monitoring results.

## **Next Steps**

Completion dates of next steps are dependent upon other priorities:

- Identify training topics and develop general training plan - November 2010
- Complete chart reviews - December 2010
- Finalize Interim Monitoring Project Data Summary Report – January 2011
- Decide next steps with regard to monitoring - February 2011